



THE HEIGHTS KINDERGARTEN INC.
 31 Morang Drive, Mill Park 3082
 Phone: 9436 7744
 www.theheightskindergarten.vic.edu.au
 e: the.heights.kin@kindergarten.vic.gov.au

2021

Incorporation No: A 25312L
 ABN: 75 337 372 722

3 YEAR OLD KINDERGARTEN APPLICATION FORM

Monday & Wednesday 2:15 – 4:15pm = 4hrs/week

The Heights Kindergarten requires that a child must turn 3 by 30th April in the year they wish to attend 3 year old kindergarten, however the child cannot commence until they have turned 3. Full payment of the Term 1 fee is required if a place is to be reserved until the child's 3rd birthday.

Please complete and return this form to: *The Heights Kindergarten*
 31 Morang Drive
 MILL PARK 3082

Please attach a copy of your child's birth certificate with this application, together with a \$50 **non-refundable** deposit, which will be deducted from your 2021 term 4 fees.

Current term fees are \$305 per term, however these are subject to change as per our Fees Policy.

Payment method: Internet Banking Transfer
 (BSB: 063000, Account No: 10145937, Name: The Heights Kindergarten, Ref: your name).

Applications are processed by date & time of receipt until 22 places are filled.
 (Submission of this form does not guarantee a place in the 3yo Kindergarten program.)

PLEASE USE BLOCK LETTERS

CHILD'S NAME: _____

DATE OF BIRTH: ____ / ____ / ____ **M / F**

FULL NAME PARENT/GUARDIAN: _____

ADDRESS: _____
 _____ **P/CODE:** _____

PHONE No: **HOME:** _____ **MOBILE:** _____

EMAIL: _____

Does your child have any special needs? **YES** **NO**

If Yes, please specify: _____

I agree that my child will be fully immunised for their age when commencing the 3yo Kinder Program as per the 'No Jab, No Play' Legislation.

.....
 Parent/Guardian Signature

...../...../.....
 Date

Office Use:

Date/time received: ____ / ____ / ____ @ am/pm Birth Certificate attached Y / N

\$50 deposit received Y / N Receipt Issued Y / N Init. _____